

Fill in ALL sections. TYPE or PRINT legibly with pen. Identify yourself by the name you want to be called.

## **SCHOOL INFORMATION**

School Name			
Address			
City	State Zip		
Phone ()	•		
Teacher's Name(s)			
Email			
ENTRY INF	ORMATION		
Title			
•	7, 8) Senior (Grades 9-12)		
Category (Check ONE only)  ○ Individual Exhibit  ○ Group Exhibit  ○ Individual Performance  ○ Group Performance	<ul> <li>Individual Documentary</li> <li>Group Documentary</li> <li>Historical Paper</li> <li>Individual Website</li> <li>Group Website</li> </ul>		
Check items needed  ○ Table space ○ Electri ○ Floor space ○ Project			
Laffirm that the entry submitted for	or competition was researched and I understand that the History Day be responsible for loss or damage to		
Individual Student or Group Leader Sig	nature Date		
Parent's Signature	Date		
Teacher's Signature (to approve entry)	Date		
Entry#	_ Judges		
Location			
T:			

**OFFICE USE ONLY** 

## **STUDENT INFORMATION** *Individual or Group Leader*

Name				
Home Address			Last	
City				
Home Phone (			· · · · · · · · · · · · · · · · · · ·	
Email (optional)				
Parent's Name(s)				
Email				
Group Members (Not including Group Leader)				
Name			Last	
Home Address				
City		State	Zip	
Home Phone (	_)		Grade	
Parent's Signature —				
Student's Signature _				
Name			Last	
Home Address				
City		State	Zip	
Home Phone (	)		Grade	
Parent's Signature				
Student's Signature _				
Name			Land	
First Home Address			Last	
City		State	Zip	
Home Phone (	)		Grade	
Parent's Signature				
Student's Signature _				
Name			Last	
Home Address				
City		State	Zip	
Home Phone (	)		Grade	
Parent's Signature —				
Student's Signature				